

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

	CLAIMS												
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51					
2		1						52					
3		1						53					
4	1							54					
5		1						55					
6		1						56					
7		1						57					
8		1						58					
9		1						59					
10	1							60					
11		1						61					
12	1							62					
13		1						63					
14	1							64					
15		1						65					
16	1							66					
17		1						67					
18	1							68					
19		1						69					
20	1							70					
21		1						71					
22	1							72					
23		1						73					
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41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	1												
TOTAL DEP.	23												
TOTAL CLAIMS	24												